An indicator to keep an eye on post the roll-out of C19 injections – ovarian cancer

Peter Halligan
14 hr ago

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Some data for ovarian cancer rates can be found here:

Ovarian cancer statistics | World Cancer Research Fund International (wcrf.org)

Ovarian cancer is the 8th most commonly occurring cancer in women and the 18th most common cancer overall. There were more than 313,000 new cases of ovarian cancer in 2020.

More data here:

Cancer Today (iarc.fr)

Population
Continents
Cancer sites 0 by ICD-10 0 by label
×Ovary
Group Colon, Rectum, Anus
Re-initialize all values

** Crude and age-standardized rates per 100 000*
*** Cumulative risk, ages 0-84 (in %)*

Population	Number	Uncertainty interval	Crude Rate
Asia	166 855	Not available	7.4
Europe	61 192	Not available	16.3
Northern America	24 363	Not available	13.4
Africa	23 999	Not available	3.6
Latin America and the Caribbean	22 414	Not available	6.8
Oceania	1 913	Not available	9.1

It costs around $7,400 for 60 tablets.

LYNPARZA® (olaparib)- Official Patient Website

AstraZeneca (AZN) and Merck Sharp and Dohme (MSD) have been collaborating to produce a drug called Lynparza for some time. Lynparza was first approved in the US by the FDA in 2014 for breast cancer and has almost completed Phase 3 clinical trials (lasting 7 years) in the UK for ovarian cancer.

"The AstraZeneca and MSD strategic oncology collaboration - In July 2017, AstraZeneca and Merck & Co., Inc., Kenilworth, NJ, US, known as MSD outside the US and Canada, announced a global strategic oncology collaboration to co-develop and co-commercialise Lynparza, the world's first PARP inhibitor, and Koselugo (selumetinib), a mitogen-activated protein kinase (MEK) inhibitor, for multiple cancer types."

See here for the UK Phase 3 clinical trial data:

Lynparza in combination with bevacizumab, and as a monotherapy, demonstrates clinically meaningful survival benefit in 1st-line advanced ovarian cancer across two Phase III trials (astrazeneca.com)

Every minute of time spent alive is a gift, so the extension of 5 months to life expectancy of just five years once diagnosed is precious.

So, a couple of things here:

One: as per the clinical trial analysis for the AZN viral vector injections that were pulled globally except India after just 6 months in Europe (following 6 months of clinical trials that led to its approval – explain how that works!) what is the adverse event profile? Are 5 months of extra life exchanged for 5 months of severe or serious adverse events?

Two: Is this part of a marketing strategy by MSD and AZN that is aimed at meeting expected large increased demand for ovarian cancer rates following C19 mRNA and viral vector injections?

FDA label for early breast cancer treatment here:

FDA approves olaparib for adjuvant treatment of high-risk early breast cancer | FDA

Onwards!

Please upgrade to paid, or donate a coffee (I drink a lot of coffee) - "God Bless You!" if you can't or don't want to contribute. Coffee donations here: https://ko-fi.com/peterhalligan

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Thomas Lewis Writes Told You So 9 hr ago

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Dear Heavily Vaccinated,

You've Been Governed.

At A Cellular Level.

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j t 12 hr ago *edited 12 hr ago* Liked by Peter Halligan

Red-pilled in some things, still completely brainwashed in others -- that still unfortunately describes a large group of humans who actually want to know the truth, as I assume you do, Peter, but have been lied to so long that they believe the false narratives about things they're still ignorant about. And sadly, many in this group respond to correction or warnings of ignorance the same way the never-red-pilled do, ie, with defensiveness, anger, nastiness, refusal to even consider what is being said, etc. I hope that doesn't describe you.

You say, "Every minute of time spent alive is a gift, so the extension of 5 months to life expectancy of just five years once diagnosed is precious." Sounds reasonable, doesn't it. But that statement assumes various things that just aren't true (and there are many others) --

1) that ovarian cancer is inevitable for the majority that get it,

2) that there aren't innumerable other available natural and relatively inexpensive means to prevent and treat ovarian ca, or which could prolong their lives, if not cure them, besides these ultra-vomit-worthy-expensive drugs,

3) that BigPharmafia gives a shit about giving anyone more months or years of life beyond their profit motive (ie, the longer they live, the more they can squeeze the last few drops of wealth they have out of them),

4) that somehow BigPharmafia and those that run, control, and profit from it couldn't put the same effort into finding natural, or at least less toxic and less expensive, ways to prevent and if need be cure ovarian ca if they wanted to (but where's the profit in that -- create a cure, lose a client),

5) indeed, that many of these cancers will likely be found to have been caused, or at least aggravated, by other drugs they've foisted on the public for profit (not to mention the toxins ingested and inhaled thanks to BigChemafia, their cousins). And I could go on.

The point is that once you give BigPharmafia, and the research system they control ($$$) ... think Fraudci / NIAID/NIH, FDA, et al, in the U.S. ... the benefit of the doubt that they actually live to help the people, once you've started from that blind point of view, everything that comes afterward is BS. BTW, I'm a retired physician and researcher.

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